U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1, File Number U - 0/2-6/9	2. Fiscal Year Covered From:	
5296	1/1/04 Through: 12/31/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name CADI MARCHETTI 150 4 PARVE WEST BABY	Name 584. 73 Husson St. N.Y.	
Long Island 11704	Labor Organization File Number 0/26/9	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street	Street	
City	City	
State ZIP Code + 4	State ZIP Code + 4	
5. Position in labor organization.	L004L584	
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza		
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name	A CONTRACTOR OF THE CONTRACTOR	
Trade Name, if any:	The same of the sa	
P.O. Box, Bldg., Room No., if any	. <mark>1</mark> : €	
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	7.b. Amount.	
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City State ZIP Code + 4 Sig	nature	
State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of	nature f Perjury and other applicable penalties of the law, that all of the information bying documents), has been examined by the signatory and is, to the best of the	
State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	nature f Perjury and other applicable penalties of the law, that all of the information bying documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing CARL MARCHER		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Lecal 584 TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.	
Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any	RELATED HEAL	TH & WELFARE FUND	
Street	11.b. Approximate dollar valu	e of such dealing. 9,556,913	
City	12.a. Nature of interest held		
State ZIP Code + 4	APTENDATATED WELFAR 10/29/04 2	ENALIDADAL HEALTH E FUND OOSAMAVAL MEMBERSAID 48.07	
	12.b. Amount.	1	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	The state of the consequence of the state of	
Name			
Trade Name, if any:		-	
P.O. Box, Bldg., Room No., if any		The second secon	
Street			
City			
State ZIP Code + 4	The second of th	The state of the s	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
15.0. is the dustriess an employer or consultant			

Name of Person Filing CARL MARCHERI		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	S	
8. Name and address of Business (including trade name, if any). Name Lecal 584 Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing		ZE FUND
P.O. Box, Bldg., Room No., if any Street City State ZIP Code ÷ 4	11.b. Approximate dollar valu		19,556,913
	ATTENDETM		PTING LUNCH 34.61
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	,	
Name :			:
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			, :
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		!

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10. If 9.b. or 9.c. is checked give trust or employer's name. Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. RELATED HEALTH & WELFARE FUND	
Street City State ZiP Code ÷ 4	11.b. Approximate dollar value of such dealing. 7,556,913 12.a. Nature of interest held or income received. Other dynternational Health Welfare Fund. Trustdes meeting Lunch 3/10/04.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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Street City State ZIP Code + 4	c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	RELATED HEALTH & WELFARE FUND	
Street	11.b. Approximate dollar value of such dealing. 9,556,913	
City State ZIP Code * 4	12.a. Nature of interest held or income received. attended International Health & Welfare Fund Trusteen Meeting Lunch 4/21/04	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
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City State ZIP Code + 4		
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such deale RELATED HEAL	TH CLWELFARE FUND
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest hele Office (2) Trusters Me 6/3/0	3/11/2017
C. Received from any employer (other than an employer covered under		The same of the sa
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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10. If 9.b. or 9.c. is checked give trust or employer's name. Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code ÷ 4	11.b. Approximate dollar value 12.a. Nature of interest held and a second of the control of the	THE ALWELFARE FUND THE of such dealing. 9,556,913	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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Trade Name, if any:		<u>.</u>	
P.O. Box, Bldg., Room No., if any			
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State ZIP Code + 4	a de la companya de		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing CARL MARCHERI	File Number U-
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Name and address of Business (including trade name, if any).	9. Business deals with:
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Street	c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's пате.	11.a. Nature of such dealing.
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City	11.b. Approximate dollar value of such dealing. 9,556,913
State ZiP Code ÷ 4	atterned International Hearth &
	Velfare Fund Trustees Meeting Lunch
	12.b. Amount.
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 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
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State ZiP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.